



## **COMPLIANCE: INVESTIGATIONS AND RESPONSE TO COMPLIANCE ISSUES**

### **Purpose:**

To establish protocols for how the department responds to allegations of wrongdoing at Boulder Community Health (“BCH”) brought forth from reporting via the compliance hotline or direct inquiries to the Compliance Program.

### **Scope:**

Applies to all BCH staff members who receive hotline reports alleging misconduct or wrongdoing, as well as by staff who assist in any investigation.

### **Policy Statements:**

- BCH takes all reports of misconduct or wrongdoing seriously.
- After an offense or violation of BCH's compliance standards or policies has been detected, BCH takes all reasonable steps to respond appropriately to the offense or violation and to prevent further similar offenses from occurring.
- Staff use any communication channel as outlined in the policy “Compliance: Reporting Issues and Concerns” as they deem appropriate to report compliance issues.
- Management is responsible for resolving compliance-related issues raised through the hotline.
- To the extent practical or allowed by law, persons addressing information received through the hotline protect the confidentiality or anonymity of staff when requested.
- Administrative leaders of Corporate Compliance, Legal, and Information Security have responsibilities for directing compliance related investigations.
- Investigations involving research will be led by the Compliance Department.
- In the case where the allegation is a criminal violation of law, management must determine if there is sufficient evidence to support referral to a duly authorized law enforcement agency. If the allegation does not appear to be a criminal violation of the law, the complaint will be routed to the appropriate area for resolution.
- All investigations will be documented. Investigations that are considered sensitive will be treated as outlined in this policy
- All reports of compliance issues will be handled in a manner which protects the privacy of the reporter to get the greatest extent practical and allowed by law.
- All reports of compliance issues will be investigated within a reasonable timeframe.
- Compliance reports will be investigated by persons having a sufficient level of expertise/knowledge with regard to the issue presented by the reporter.
- Disciplinary or corrective action, as necessary, will be in conjunction with the BCH corrective action policies and Medical Staff bylaws.

### **Procedural Guideline Statements:**

1. Staff members communicate using any channel they deem appropriate to report issues.

2. To the extent practical or allowed by law, persons addressing information received through the hotline protect the confidentiality or anonymity of staff when requested.
3. No promises are made to the person making the report regarding his or her liability, confidentiality of his or her identity or what steps BCH may take in response to the report.
4. The Compliance Officer, in consultation with the Chief Executive Officer and legal counsel, as necessary, determine whether the alleged wrongdoing is a violation of state or federal law (and if so, whether the violation is a criminal offense), a violation of BCH's compliance standards, poses a risk to patients or the public, or otherwise puts BCH at risk of economic injury, civil or criminal liability or injury to BCH's reputation.
5. There are situations where investigations may discover information that is legally privileged such information will be used solely for internal assessment and decision making and will not be discussed outside of those that need to know. To the extent practical and allowed by law, BCH shall make efforts to protect such privileged information from disclosure or being used as evidence or in any official capacity.
6. The Compliance Officer, in consultation with the Chief Executive Officer and legal counsel as necessary, determines, commensurate with the gravity of the allegation, what steps will be taken to investigate the report. The Compliance Officer investigates the report or may delegate the responsibility for such investigation to an appropriate person within or outside BCH. The person assigned to investigate a matter is free from conflicts of interest with respect to such matters. Knowledge of a particular situation or issue does not constitute a conflict of interest.
7. For issues and complaints warranting investigation, the designated investigator conducts an initial inquiry which may include document review, interviews, audit or other investigative techniques.
8. The designated investigator conducts a fair and impartial review of all relevant facts.
9. The person responsible for conducting the investigation maintains a record of all activities undertaken in the course of the investigation.
10. All investigations resulting from compliance reports are conducted promptly and include a review of all pertinent documents and, in some cases, interviews with staff.
11. Staff members who are interviewed will be treated respectfully and with dignity.
12. Those charged with investigation of wrongdoing, (if conducted by someone other than the Compliance Officer) acting in some cases at the direction of legal counsel, must provide for protection of the confidentiality of the sources of information.
13. The final investigation report is provided to the Compliance Officer (if conducted by someone other than the Compliance Officer), and may be reported to the Chief Executive Officer, Compliance Committee and/or Board, as necessary and appropriate.
14. If the Compliance Officer, after consultation with Human Resources and the appropriate department director, believes that the integrity of BCH's investigation is compromised because of the presence of any employee under investigation, such employee may be removed from his or her current work activity until the investigation is complete.
15. The Compliance Officer, or other person conducting the investigation, take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.
16. After the investigation is completed, the Compliance Officer, in consultation with legal counsel as necessary, determine whether a violation of state or federal law or BCH's compliance standards and policies or other misconduct or wrongdoing has occurred. The Compliance Officer, in consultation with legal counsel as necessary, and the Chief Executive Officer, Compliance Committee or other appropriate Hospital personnel, develops a plan for corrective

action to remedy the violation. Such plan for corrective action shall include education of BCH employees and/or contractors as appropriate, if applicable, any appropriate disciplinary action against any employees engaged in the misconduct or wrongdoing, and any other action necessary to remediate the violation, misconduct, or wrongdoing including without limitation, repayment of funds received and /or reports to appropriate state, federal, or local agencies or accreditation bodies.

17. As part of the Compliance Office's regular reports to the Chief Executive Officer, Compliance Committee and Board of Directors, the Compliance Officer includes a report summarizing all bona fide reports of wrongdoing, including the results of any investigation and any subsequent disciplinary or remedial actions taken.
18. All records of reports of misconduct or wrongdoing, including initial reports, records of investigations, and corrective action plans, are prepared and maintained in such a manner as to preserve all applicable legal privileges, including the attorney-client, work product and self-evaluative privileges, as appropriate. All such records shall be retained for the period of time specified in the BCH's record retention policies.

The Compliance Officer monitors the implementation of all corrective action plans on a regular basis to assure that the plans are properly implemented and the misconduct or wrongdoing has been corrected and has not reoccurred.

**Definitions:****References:**

[Supplemental Compliance Program Guidance for Hospitals](#) (70 Fed. Reg. 4858; January 31, 2005)  
[Compliance Program Guidance for Hospitals](#) (63 Fed. Reg. 8987; February 23, 1998)

**Policies:**

[Code of Conduct](#)

[Compliance Program Structure and Responsibilities](#)

[Compliance: Reporting Issues and Concerns](#)

[Compliance: Education and Training](#)

[Compliance: Cooperation with Government Authorities](#)

[Compliance: Employee Response to a Government Investigation](#)

[Compliance: Auditing and Monitoring](#)

**Key Words**

Compliance violations, corrective action, remedial actions, investigation, response, hotline

**Content Reviewers:**

Compliance Committee

Executive Compliance Committee

Audit Committee of the Board of Directors

**Final Approval:**

David P. Gehant, President and CEO

**Effective Date:** 04/98

**Last Review Date:** 6/14